

MEETING ABSTRACT

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EHMTI-0395. Hypnotic relaxation vs amitriptyline for tension-type headache: let the patient choose

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Introduction

Although both pharmacological and behavioral interventions may relieve tension-type headache, data are lacking regarding treatment preference, compliance, and feasibility of behavioral intervention in a neurological outpatient clinic setting.

Aims

To describe patient choice, compliance, and outcome in a neurological clinic where patients are given the choice of the approach they wish to pursue.

Methods

Patients presenting to the headache clinic with a diagnosis of tension-type headache, were given the choice of amitriptyline (AMT) treatment or hypnotic relaxation (HR), and were treated accordingly. Patients were given the option to cross-over to the other treatment group. HR was performed during standard length neurology clinic appointments by a neurologist. Follow-up interviews were performed between 6 and 12 months following treatment initiation to evaluate compliance, headache frequency or severity, and quality-of-life.

Results

98 patients were enrolled, 92 agreed to receive prophylactic therapy. 53 (57.6%) patients chose HR of which 36 (67.9%) initiated this treatment, 39 (42.4%) chose AMT of which 25 (64.1%) initiated therapy. 74% of the patients in the HR group and 58% of patients in the AMT group had a 50% reduction in the frequency of headaches ($P = .16$). At the end of the study, 26 patients who tried HR compared with 10 who tried AMT continued receiving their initial treatment.

Conclusions

HR was a more popular choice among patients. Patients choosing HR reported greater amelioration than those choosing AMT and were found to have greater treatment compliance. HR practiced by a neurologist is feasible in a standard neurological outpatient clinic.

No conflict of interest.

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